



Restrictive Physical Intervention Policy

Designation	Name	Date	Signature
CEO:	Mr Martin Hughes		
Chair of Trust Board:	Miss Antonia Noble		

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1. Introduction

- 1.1. SAND Academies Trust recognises that the use of restrictive interventions is a difficult and emotive subject. This policy aims to give practical advice to staff and intends to provide a clear framework of good practice as well as the identification of practices that are unacceptable.
- 1.2. SAND aims to ensure the Care, Welfare and Safety of all pupils, staff and visitors; the organisation recognises, however, that some pupils may require support for behaviour that challenges, including the use of restrictive interventions, in order to prevent significant harm to themselves or others.
- 1.3. All staff are supported by SAND to develop a wide range of knowledge, skills and competence and as a result are able to effectively support pupils safely and within the law, whilst enabling choice, control and independence.
- 1.4. This policy and its guidance provide the principles and framework to support best practice in meeting the needs of individual pupils with social, emotional and mental health needs. It should be read in conjunction with the Staff Conduct Policy and Understanding Risks of Physical Intervention (Appendix 2)

2. Purpose and Scope

- 2.1. The purpose of this policy is to develop a culture where restrictive interventions are only ever used as a last resort when all other alternatives have been adopted and only then in the context of an overall positive behaviour management strategy.
- 2.2. This policy should be read in conjunction with the following policies:
 - 2.2.1. Positive Behaviour Policy
 - 2.2.2. Child Protection and Safeguarding Policy
 - 2.2.3. Whistleblowing Policy
 - 2.2.4. Supporting Children with Medical Conditions Policy
- 2.3. The policy aims to ensure that all stakeholders are aware of the procedures and practices used across the Trust.
- 2.4. This policy applies to all individuals who work or volunteer within the organisation.

3. Definition

- 3.1. 'Restrictive intervention' is used to describe any strategy or intervention which restricts or limits another person's liberty. There are many definitions of restrictive intervention but SAND has adopted the following definition:

'deliberate acts which restrict an individual's movement, liberty and freedom to act independently.'
(Department of Health 2014)

4. Legal Framework

- 4.1. The use of restrictive physical interventions must be consistent with the Human Rights Act (1998) and the United Nations Convention on the Rights of the Child (ratified 1991). These are based on the presumption that every person is entitled to:
 - 4.1.1. Respect for his or her private life.
 - 4.1.2. The right not to be subjected to inhuman or degrading treatment.

- 4.1.3. The right to liberty and security.
- 4.1.4. The right not to be discriminated against in his/her enjoyment of those rights.
- 4.2. It is a criminal offence to use physical force, or to threaten to use force (for example, by raising a fist, or issuing a verbal threat), unless the circumstances give rise to a 'lawful excuse' or justification for the use of force. Similarly, it is an offence to lock a child in a room without a court order (even if they are not aware that they are locked in) except in an emergency, for example the use of a locked room as a temporary measure while seeking assistance may provide legal justification.

4.3. Education and Inspections Act 2006

- 4.3.1. For schools, Section 93 of the Education and Inspections Act 2006 enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:
 - 4.3.1.1. committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
 - 4.3.1.2. causing personal injury to, or damage to the property of, any person (including the pupil himself); or
 - 4.3.1.3. prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.
- 4.3.2. Please note that due to the potential risk of psychosocial injuries and re-traumatisation of pupils due to their social, emotional and mental health needs the Trust does not use Point 4.3.1.3 as justification for the use of a restrictive physical intervention. Further information can be found in appendix 2.
- 4.3.3. The staff to which this power applies are defined in section 95 of the Act. They are:
 - 4.3.3.1. any teacher who works at the school, and
 - 4.3.3.2. any other person whom the Headteacher has authorised to have control or charge of pupils.
- 4.3.4. This includes:
 - 4.3.4.1. Support staff whose job normally includes supervising pupils such as learning and therapeutic partners, nurture practitioners, thrive practitioners and other support staff.
 - 4.3.4.2. Can also include people to whom the Headteacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff), adults who have been commissioned to provide support to pupils either on or off the school premises and unpaid volunteers (for example, parents accompanying pupils on school-organised visits)
- 4.3.5. The power may be used where the pupil (including a pupil from another school) is on school premises or elsewhere in the lawful control or charge of the staff member (for example on a school visit).
- 4.3.6. The Act stipulates that the Headteacher may empower staff by reference to an individual pupil or staff member, or a group of pupils of a particular description, all pupils, or a group

of staff of a particular description. There are no legal requirements as regards how staff or pupils should be notified of such a decision.

- 4.3.7. Corporal punishment – as defined in section 548 of the Education Act 1996 – is unlawful.
- 4.3.8. Use of restrictive physical intervention may also give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned. However, SAND will support staff that follow this policy and act in a reasonable manner. Whether the member of staff decides to use a restrictive physical intervention or not, they must be able to demonstrate that their decision was rational.

4.4. Restriction of Liberty

- 4.4.1. Under The Children’s Act 2006, any practice or measure such as 'time out' or seclusion, which prevents a child from leaving a room or building of his or her own free will may be deemed a 'restriction of liberty'. Under this Act, restriction of liberty of children by a local authority is only permissible in very specific circumstances.
- 4.4.2. There may be instances where it is appropriate to restrict a child who may be at risk due to a lack of awareness or danger to a room or a particular area in order to keep him/her safe, e.g., if s/he has a severe learning disability and/or their ability to make safe choices is temporarily impaired by severe anxiety or rage, resulting in challenging and unsafe behaviour. However, it must be ensured that they are cared for under close adult supervision at all times and the incident fully recorded and reported. This must also be reported to a member of SLT as soon as possible.
- 4.4.3. No school should unnecessarily restrict the liberty of a child.

4.5. Reasonable force

- 4.5.1. There is no absolute legal definition of ‘reasonable force’ as it is viewed in the context of the individual case. It is judged to mean no more force than is needed in the circumstances.
- 4.5.2. There are two relevant considerations:
 - 4.5.2.1. The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it; therefore, physical force could not be justified to prevent a child or young people from committing a trivial misdemeanour or in a situation that could clearly be resolved without force.
 - 4.5.2.2. The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the risk or behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result.
- 4.5.3. Whether it is reasonable to use force, and the degree of force that could reasonably be employed, will also depend on the age and understanding of the child or young person. It is also important to recognise that where a restraint might be considered reasonable in one instance it may not be in another.

4.6. Who can use reasonable force?

- 4.6.1. It is the responsibility of the Headteacher to ensure that any staff expected to engage in planned restrictive physical intervention with a child or young person be specifically authorised and trained in accredited appropriate techniques.
- 4.6.2. All staff, whether trained or not, including temporary or agency staff, may use reasonable

force to physically intervene in an emergency or to defend themselves in circumstances where they have a genuine fear of being seriously injured or believe a child or young person or indeed any adult may be at risk of significant harm.

- 4.6.3. An effective risk assessment procedure together with well-planned preventative strategies will help to keep the emergency use of restrictive physical interventions to an absolute minimum. However, staff should be aware that, in an emergency, the use of force may be justified if it is reasonable to use it to prevent serious injury or significant damage to property that may cause serious harm and, in schools, to prevent a pupil engaging in any behaviour prejudicial to the maintenance of good order and discipline in the school or among any of its pupils.
- 4.6.4. **Please note that due to the potential risk of psychosocial injuries and re-traumatisation of pupils due to their social, emotional and mental health needs the Trust does not use this as justification for the use of a restrictive physical intervention.**
- 4.6.5. A calm and measured approach to a situation is needed and members of staff should never give the impression that they have lost their temper, or are acting out of anger or frustration, or to punish the child or young person.
- 4.6.6. Even in an emergency, the force used must be reasonable. It should be commensurate with the desired outcome and the specific circumstances in terms of intensity and duration. Before using restrictive physical intervention in an emergency, it should first be considered if physical intervention can be avoided by evacuating other children and staff from the vicinity of the risk. The person concerned should be confident that the possible adverse outcomes associated with the intervention (for example, injury or distress) will be less severe than the adverse consequences that might have occurred without the use of a restrictive physical intervention.

4.7. The use of seclusion

- 4.7.1. The use of seclusion where a child or young person is forced to spend time alone against their will would not normally be seen as appropriate except for short periods of time in extreme situations whilst help is obtained. This is in contrast to time out, where a child or young person would be supervised or accompanied in a neutral manner, where they are removed from a difficult situation and accompanied while they calm down. It is an offence to lock a child in a room without a court order except in an emergency while seeking assistance. However, in educational settings, it is acceptable for double or high door handles or locking of outside doors to be used for safety and security reasons when pupils are supervised in the same room or area by staff.
- 4.7.2. If seclusion needs to be used for a short period of time while help is obtained this must be overseen and authorised by a member of the Senior Leadership Team

5. Principles

- 5.1. The following principles must, at all times, underpin practice that supports pupils when they present with behaviours that are challenging.
- 5.2. Except in an extreme emergency, the decision to use a restrictive physical intervention must be based on individual circumstances and in line with an up-to-date risk assessment.

- 5.3. Any restrictive physical intervention to manage behaviour that challenges must only be used to prevent serious harm to self or others or damage to property that may cause serious harm to self or others and must be proportionate to the immediate or imminent level of risk.
- 5.4. Restrictive interventions must not be used so that something can be achieved more easily and must never be used to punish, enforce rules or seek compliance.
- 5.5. Proactive approaches should be implemented to support and prevent behaviour that challenges, including the use of primary and secondary preventions. Restrictive physical intervention must only be used as a crisis management response after all other options to manage a situation have been reasonably exhausted. Under no circumstances must techniques that rely upon pain or the use of dangerous postures that restrict breathing be used.
- 5.6. On any occasion where a restrictive physical intervention is used, a record must be kept and a debrief exercise carried out to support pupils and staff and to reflect and learn from the situation.
- 5.7. All staff are authorised to use restrictive physical interventions as long as they are fully trained initially and up to date on their refresher training. Staff must undertake appropriate training as soon as possible when beginning a role. Training will then be refreshed as appropriate.

6. Duties and Responsibilities

6.1. The Headteacher is responsible for:

- 6.1.1. Ensuring that the arrangements in support of this policy are fully implemented.
- 6.1.2. Ensuring that a framework is in place to monitor compliance with this policy.
- 6.1.3. Communicating this policy to all persons working in the school and ensuring that a copy is available on the school's website.
- 6.1.4. Ensuring that this policy is communicated consistently through induction training, specialist training and after any policy review.
- 6.1.5. Overall responsibility for the application and monitoring of this policy.
- 6.1.6. Arranging initial training and annual updates.
- 6.1.7. Ensuring that resources are made available to support the delivery of accredited training.

6.2. The Lead for Behaviour is responsible for:

- 6.2.1. Scrutinising all reports associated with this policy, reporting any shortfalls to the Headteacher.
- 6.2.2. Implementing operational systems that meet the principles and standards of this policy.
- 6.2.3. Collecting and analysing data contained in reports relating to this policy and reporting this information to the Headteacher and Local Advisory Board.
- 6.2.4. Keeping up to date with current research and changes in legislation and guidance with regard to restraint reduction.

6.3. All members of staff are responsible for:

- 6.3.1. Keeping up to date with mandatory training.
- 6.3.2. Making every effort possible to de-escalate/diffuse a situation before resorting to any kind of restrictive intervention.

6.3.3. Raising concerns about poor practice or inappropriate use of any form of restrictive intervention, both within the school and any other organisation and reporting those concerns in line with current safeguarding procedures and Whistleblowing Policy.

7. The Use of Restrictive Physical Interventions

- 7.1. Within the school there is a likelihood (albeit rare) that any member of staff may need to use restrictive physical intervention.
- 7.2. The approaches used in this policy attempt to outline a range of proactive management strategies in which restrictive interventions may be considered an appropriate and reasonable response to managing the risks associated with some behaviour. With the exception of unpredicted adverse events, the use of restrictive interventions should only be used in the context of an overall management approach necessary to manage risk and maintain everyone's safety in accordance with national guidance. Whilst the school recognises the circumstances in which reasonable force may be used as detailed in Section 93 of the Education and Inspections Act 2006 (see 4.3) the circumstances in which a restrictive physical intervention may be used in this school are as follows:
 - 7.2.1. When a pupil is demonstrating behaviour that is likely to cause immediate or imminent injury or harm to self.
 - 7.2.2. When a pupil is demonstrating behaviour that is likely to cause immediate or imminent injury or harm to others.
 - 7.2.3. When a pupil is demonstrating behaviour that is likely to cause significant damage to property but only in such circumstances as is likely to lead to immediate or imminent injury or harm to self or others.
- 7.3. Legally, staff may use reasonable force necessary in the circumstances to manage aggressive or violent behaviour, regardless of consent issues. However, in any situation staff must be able to demonstrate 'substituted judgement' whereby the use of physical interventions may represent the 'least adverse outcome', i.e., the risks of using physical interventions are less than not using such approaches.
- 7.4. All staff have a responsibility for the safety of themselves, their colleagues, pupils and visitors and, therefore, it is the duty of every staff member to offer assistance where and when necessary to help in the management of a challenging, aggressive or violent incident.
- 7.5. Restrictive interventions should never be used as a long-term solution in the management of challenging, violent or aggressive behaviour but may, in the immediate or short term, help to effectively and safely support a pupil as part of a wider behaviour management approach. The decision to use such interventions should only be made following a risk assessment process that takes account of the possible benefits balanced against the possible harms that could result. Such a decision may also take account of the impact such interventions have on other people who may be affected by the pupil's behaviour including other pupils, staff, visitors and members of the community.
- 7.6. It is the school's policy that restrictive interventions are never used so that something can be achieved more easily, to punish or to gain or force compliance.
- 7.7. There are a range of restrictive interventions which may be appropriately used in the management of pupils' behaviour within the context of the situations described above. These include physical, social, chemical, mechanical and environmental restrictions (see Table 2).
- 7.8. A restrictive intervention risk assessment must be completed for each pupil and shared with relevant stakeholders. The risk assessment should reflect risks and support staff towards the

most reasonably practical interventions. Measures needed to minimise the risk of harm must be highlighted.

- 7.9. Restrictive interventions are only a small part of the management of an individual pupil who displays aggressive, violent or challenging behaviour. The overriding principle is that all possible responses to challenging behaviour should be considered and where restrictive interventions are used, they should be applied using the least restrictive and detrimental option for the shortest amount of time possible in order to manage the incident.
- 7.10. The term 'restrictive physical intervention' is used to include both holding and disengagement skills. In line with the BILD Code of Practice and current professional codes of conduct and good practice, the use of interventions should not include techniques that are considered or recognised to be aversive or painful in their application. The school does not include any such techniques in their training programme.
- 7.11. It is recognised that challenging behaviour and Restrictive Physical Interventions can both involve a risk to staff and pupils and therefore in these circumstances staff will consider:
 - 7.11.1. Is this intervention in the best interests of the child?
 - 7.11.2. Is it reasonable and proportionate?
 - 7.11.3. Is it a last resort?
 - 7.11.4. Is it the least restrictive technique?
- 7.12. External agencies may have their own policies for the care and control of pupils. When working within SAND it is the Trust's Designated Safeguarding Lead's responsibility to ensure that colleagues from support services are aware of the Trust policy and practice and comply with this.
- 7.13. SAND Academies Trust is committed to using Team Teach. Team Teach Ltd is a training provider that is accredited through The Institute of Conflict Management (ICM) and adheres to their Code of Practice on physical intervention. We acknowledge that physical techniques are only a part of a whole school approach to behaviour management and Team Teach emphasises the importance of diversion, delusion, and de-escalation. It provides a gradual, graded system of response.
- 7.14. Staff who are in regular contact with pupils that display challenging behaviour receive training and regular updates in Team Teach and the very clear protocols which accompany it. Team Teach training is provided as part of the induction for staff and it is then the responsibility of the Headteacher to ensure this training is kept up to date. Supply staff and volunteers are unlikely to have this accreditation and therefore should not use restrictive techniques unless in exceptional circumstances.
- 7.15. This policy has been prepared for the information of all teaching and support staff who come into contact with pupils, and for volunteers working within the school, to explain the school's arrangements for managing challenging behaviour. Its contents are available to parents and pupils. A statement about the school's Behaviour Policy is made to parents and includes information on the use of reasonable force to support pupils' emotional responses.

8. Overall Scope of Practice for Restrictive Physical Interventions

- 8.1. Where reasonably practicable and in line with good practice and current legal and professional guidance, the use of any restrictive intervention should be:
 - 8.1.1. Written as part of a broader behaviour management strategy and where possible time limited.
 - 8.1.2. Implemented by staff who have received accredited training.

- 8.1.3. Assessed in terms of risk both to the individual and others who may be affected by the interventions agreed.
- 8.1.4. Systematically recorded, monitored and evaluated.
- 8.1.5. Supported by a robust complaints procedure.
- 8.1.6. On very rare occasions, a pupil may require the use of a planned restrictive intervention. If this is the case, the restrictive intervention should be agreed in advance with the multidisciplinary team working with the pupil and his parents/carers/advocates.
- 8.2. All restrictive interventions must be reasonable in the circumstances, using the least restrictive option, i.e., the minimum amount of force for the minimum amount of time necessary to manage the incident safely.
- 8.3. The level of restriction applied in any intervention should match the level of risk and behaviour displayed by the individual pupil. Once the risk of harm has dissipated, any restriction must reduce until such time that the intervention can end.
- 8.4. It is not necessary for a pupil to return to a point of calm before an intervention can cease. Using a risk analysis approach, staff should continually assess the risks associated with continuing the application of a restriction against the risk of ending the intervention. There may be occasions where it is reasonable to end an intervention whilst a pupil remains angry or agitated where the risks can be managed by non-restrictive means, e.g., the removal of other pupils or staff being targeted. Continuing to hold a pupil until they reach a point of calm may prolong the period of time that the pupil is held to an unreasonable level or agitate the pupil and, therefore, prevent the pupil from regaining self-control. Wherever possible a change of face from the adult using the RPI should be used as a way of de-escalating the incident, followed by a later restorative conversation to repair the relationship.
- 8.5. Following a restrictive intervention, a restrictive physical intervention form must be completed as soon as reasonably practicable, which will be scanned and entered onto CPOMS for storage. Although it is not always possible to complete this record immediately, it must be completed before the end of the working day. A restorative debrief with a member of staff for both adults and children, separately, between 24 - 72 hours should also be completed to ensure the same incident can be prevented next time.
- 8.6. A formal analysis of all incidents should take place so that those working with the pupil can reflect on trends and patterns associated with the pupil's behaviour in order to improve proactive as well as reactive strategies and to ensure that improved outcomes for the pupil are being maintained. This information should be shared with the pupil and their parents/carers/advocates to ensure that everyone continues to agree that any strategies that have been put in place remain the least restrictive and detrimental option compared with alternative less restrictive measures. It is good practice to ensure that pupils' comments, from the debrief or otherwise, following an intervention are noted and kept on record on CPOMS linked to the incident.
- 8.7. All forms of restrictive interventions involve a degree of risk. However, it is essential that all staff discharge their duty of care so that no action or omission on their behalf knowingly or negligently causes harm to others and so far, as reasonably practicable, the safety of everyone involved is maintained. If an injury does occur, it is essential that appropriate medical attention is sought immediately, and that the nature and the cause of the injury is clearly documented.
- 8.8. Staff should try, as far as reasonably practicable, to minimise adverse outcomes and injuries. As such, any injuries sustained as a result of restrictive interventions do not necessarily mean that staff

have been negligent or have ill-treated or abused a pupil. In reviewing incidents, it is important the whole context of the incident is considered as the level of injury may be commensurate with the activity undertaken and represent a lesser adverse outcome than if the intervention had not been carried out.

- 8.9. If there are concerns as to the nature, cause or frequency of injuries to a pupil or staff, a specific review of events may be required. If staff have concerns regarding the welfare of pupils, staff should follow the Trust's Safeguarding Policy. After all concerns raised by staff and/or parents, advice will be sought from the LADO.

9. Cross Infection issues

- 9.1. Behaviour can be unpredictable; therefore, there is a risk to staff from the contamination of body fluids because of injury. These risks may be as a result of biting, scratching, self-harm such as head banging which has caused bleeding as well as cuts or lacerations. Staff should be familiar with the school's guidance on infection prevention and control.
- 9.2. Staff should routinely check themselves for any skin lesions and where necessary ensure that they are covered with an appropriate plaster. Staff should avoid wearing unnecessary jewellery which can scratch and cause injury or bleeding.

10. Weapons

- 10.1. A weapon can be described as any implement that has the potential to cause harm when not used for the purpose for which it was designed and intended to be used for. Staff should make visual checks for anything a pupil may be holding that has the potential to cause harm before making a physical intervention.
- 10.2. Staff are not expected to attempt to disarm a pupil with a weapon by using a physical intervention since the risk of injury to everyone involved is far too high, even when the pupil is carrying a weapon about their person but not using it. Where staff suspect that a pupil is carrying a weapon or may be about to use a weapon, the priority must be to contact the Police and attempt to move others in the immediate vicinity to a safer place.
- 10.3. If a pupil uses a weapon in an attempt to harm themselves or others the school recognises that staff have a legal right to use reasonable force to protect themselves and others. Pupils may use implements (broken glass, scissors, blades, etc) to harm themselves. Staff must be aware of the risk of injury and cross infection if attempting to remove these objects and should not attempt to pull or prise the implement from the pupil's hand.
- 10.4. Where a pupil attempts to use a weapon, staff must make an immediate assessment as to the risk of potential harm and act in good faith when making a decision regarding the most appropriate action. Staff should use an appropriate and reasonable level of force commensurate with the perceived risk.

11. Risk Assessment

- 11.1. Whenever restrictive interventions take place, staff are required to assess the risk associated with such practice.
- 11.2. Pupils who have required a restrictive physical intervention should have an individual pupil risk assessment completed so that the specific factors and control measures can be fully considered.

- 11.3. On the rare occasion where physical interventions or restriction of movement by the use of 'timeouts' may be considered a necessary part of a pupil's intervention plan, the risks associated with the use of interventions should be considered in advance and reviewed regularly in order to maintain the pupil's safety.
- 11.4. Once the appropriate risk assessments are in place, it is important that all staff are aware of these and follow the specific control measures required to minimise the adverse outcomes identified.
- 11.5. Where staff are unsure about the nature of the risks associated with the use of restrictive interventions, additional discussions should take place with the multidisciplinary team, including where possible, the pupil and his parents/carers/advocate so an informed decision can be reached by consensus.

12. Training

- 12.1. It is the aim of the Trust that all staff will attend training relating to positive behaviour management and the use of restrictive physical interventions. All training should be delivered by suitably qualified and experienced instructors and should be based on a risk assessment and training needs analysis.
- 12.2. The specific method of physical intervention taught is Team Teach which is an accredited provider of positive behaviour management training, equipping staff to deal with challenging situations and behaviours in ways that lead to desirable outcomes and positive relationships at work or in daily life. This method of intervention is designed to be used as part of an overall positive behaviour management programme (see Positive Behaviour Policy).
- 12.3. Staff who have attended a suitable training course should not, under any circumstances, attempt to teach physical intervention skills to other staff who have not. However, staff who have received training have a duty of care to:
 - 12.3.1. Instruct those who have not received training, to avoid the use of restrictive physical intervention which they know is potentially high risk or dangerous.
 - 12.3.2. Offer help and support in the management of any adverse event including the
 - 12.3.3. use of restrictive physical interventions.
- 12.4. There may be exceptional circumstances where trained staff are required to intervene with colleagues (including agency staff) who have not yet received formal training. Although such circumstances should not be routine, there is a duty to give reasonable and practical advice to the untrained staff in order to maintain everyone's safety. However, this should not be substituted for formal training under appropriate instruction and supervision by a suitably qualified instructor.
- 12.5. The Headteacher is responsible for maintaining up to date training records for all staff and ensuring that all staff attend basic as well as update training.
- 12.6. All training should be competence based and provide the Senior Leadership Team with an individual record of competency for each participant. It is the responsibility of the Senior Leadership Team to review the level of competence for all staff and make judgements regarding their capability to carry out such interventions within the Academy. Where there are concerns regarding a staff member's attitude, knowledge or competence, further advice should be sought from Occupational Health and Human Resources.

13. Documentation and Record Keeping

- 13.1. In the unlikely event that there needs to be planned use of restrictive interventions (PI and 'time out') this must be agreed by a multi-disciplinary team and must be documented within the pupil's risk assessment and an individual behaviour support plan. Specific strategies and

techniques to be used should be set out in detail as well as any limitations on use. All documents should have a consensus of agreement within the multidisciplinary team and record the views and opinions of pupil's parents/carers/advocates. A review date should be set so that the multidisciplinary team formally reviews the pupil's plan as well as the records in relation to any incident.

- 13.2. If there is any resistance or complaint during or after the intervention or if more than 1 person is involved then the intervention must be recorded, even if it is believed that 'negligible force' was used.
- 13.3. Whenever any form of restrictive intervention is used, a written record must be completed which includes the following:
 - 13.3.1. Pupil name
 - 13.3.2. The date, time, duration the intervention took place (where an intervention takes place intermittently over a period of time, one incident form may be completed as long as the full-time span is documented.)
 - 13.3.3. The reason a restrictive intervention was used and the alternative interventions that were tried prior to use.
 - 13.3.4. The name of the staff involved in the use of the restriction.
 - 13.3.5. The specific method of restriction and the position in which the pupil was held.
 - 13.3.6. Any adverse outcomes, i.e., injuries to pupils, staff or others or complaints. In such circumstances where an adverse outcome has occurred, staff must complete the appropriate records in accordance with school policy and statutory requirements e.g., accident reporting and RIDDOR.
 - 13.3.7. All incident records must be fully completed on the same day as the incident occurred and must be signed by the members of staff involved.

14. Post Incident Support and Management

- 14.1. The use of restrictive intervention can be upsetting for all those involved. The school has a responsibility for the safety and welfare of pupils and staff and therefore aims to provide the opportunity to discuss and reflect on incidents that have occurred.
- 14.2. Post incident support and management will be dealt with in a clear, open and sensitive manner. Both staff and pupils will be given the opportunity to talk separately about what happened in a calm and supportive environment.
- 14.3. Post-incident support and management will take place after all restrictive interventions in the form of a debrief for both staff and pupil as soon as practicably possible or within 24 hours, not just when there has been an adverse outcome.
- 14.4. Restrictive interventions are used as part of a risk management strategy, and it must be recognised that an adverse outcome may still be a result of an appropriate and justified use of a restrictive intervention since the risk of not intervening may have resulted in a greater adverse outcome.
- 14.5. The school and all staff are responsible for ensuring that they work in ways that promote wellbeing, welfare and avoid harm to everyone. Support, reflection and learning are fundamental to the services that the school provides.
- 14.6. Post incident management and support will identify who might benefit from post incident support work. This might include pupils, staff or those who might have witnessed or have been affected by the incident.

- 14.7. Post incident support and management may include the following:
- 14.7.1. **Defusing:** Physical and emotional first aid should be available immediately before they leave the work area.
 - 14.7.2. **Debriefing:** Emotional support for individuals is most effective when it occurs between 24 – 72 hours after the event.
 - 14.7.3. **Counselling:** Longer term personal support should be readily available at any time but is usually provided whenever there seems to be a need for longer term support for any individual.
 - 14.7.4. **Incident Analysis:** This aspect of post incident support is primarily concerned with understanding from the pupil's point of view how the service failed to understand what they needed, what upset them the most and what staff could be better next time. It is also important to establish whether the restrictive intervention could have been done differently to make it less traumatic. Risk assessments and behaviour support plans (if applicable) may need to be reviewed as a response to the analysis.
- 14.8. It is good practice to ascertain whether any stakeholder wants to make a complaint about how the incident was managed. Parents, carers and advocates should be informed whenever a restrictive intervention has taken place and be given the opportunity to raise their concerns and fears.
- 14.9. All incidents should be recorded to enable long term patterns and trends to be evaluated. This enables staff to make more accurate judgements when completing risk assessments as well as providing information that can inform the review of management strategies.
- 14.10. Pupils are supported in their understanding through the information detailed in Appendix 1.

15. Complaints Procedures

- 15.1. The Trust has a clear complaints procedure and any complaints would be received in the first instance by the Headteacher. If matters were not resolved, then the complainant would need to follow SAND Academies Trust Complaints Policy (available on the school website).

16. Policy Review

- 16.1. This policy will be reviewed every two years and may be subject to change at that time, or at an earlier date if necessary.

Glossary of Practices.

Table 1: Crisis Development Model

Crisis Development/ Behaviour Levels	Staff Attitudes/ Approaches
<p>1) Anxiety:</p> <p>A noticeable change in behaviour</p>	<p>1) Supportive:</p> <p>An empathic, non-judgemental approach attempting to alleviate anxiety using the skills of PACE</p>
<p>2) Defensive:</p> <p>The beginning stage of loss of rationality.</p>	<p>2) Supportive / Directive:</p> <p>An empathic, non-judgemental approach attempting to alleviate anxiety using the skills of PACE. Decelerating an escalating situation.</p>
<p>3) Risk Behaviour:</p> <p>Behaviour that presents an immediate harm to self or others.</p>	<p>3) Physical intervention:</p> <p>Disengagement and/or holding skills to minimise harm.</p>
<p>4) Tension Reduction:</p> <p>Decrease in physical and emotional energy.</p>	<p>4) Therapeutic Rapport:</p> <p>Re-establish communication</p>

Table 2: Definitions of Restrictive Interventions

<p>Environmental Restrictions</p> <p>The use of locked doors, baffle handles, low stimulus or time out rooms, fences, gates or legal restrictions to contain or limit an individual moving to or from one particular room, building or area.</p>	<p>Example</p> <p>A pupil may be asked to stay in a quiet room away from others either to prevent the escalation, or as part of a de-escalation process, in order to reduce the risk of others being harmed</p>
<p>Social Restriction</p> <p>The use of verbal instructions or commands, withdrawal procedures, social restriction or timeout from positive reinforcement to limit, interrupt or stop an individual’s behaviour which is viewed as potentially harmful, undesirable or socially unacceptable’</p>	<p>Example</p> <p>A pupil may be prevented from going outside because they are so agitated the activity itself would increase the potential risk of harm should the pupil’s behaviour escalate.</p>
<p>Chemical Restriction</p> <p>The use of chemical/pharmaceutical agents to alleviate or manage an individual’s underlying psychological/psychopathological condition or behaviour disturbance.’</p>	<p>Example</p> <p>A pupil may take medication on a daily basis to help with their emotional state and behaviour (e.g., Ritalin)</p>
<p>Disengagement Skills</p> <p>The use of physical actions to limit, stop or gain a release from harmful or injurious physical contact initiated by another person during the provision of care and/or in situations requiring escape in the management of violent episodes.</p>	<p>Example</p> <p>Staff may use disengagement skills for themselves or others to promote and protect wellbeing in the support and care of pupils who present with challenging behaviour; or in situations where pupils present with behaviour which is aggressive and violent.</p>
<p>Holding Skills</p> <p>The use of physical holds to limit or restrict an individual’s ability to move during the provision of ‘safe and supportive care’ or in the management of an ‘aggressive or violent’ episode</p>	<p>Example</p> <p>Staff may use holding skills to assist in the support and care of service users who present with challenging behaviour, or in situations where service users present with behaviour which is aggressive and violent.</p>

Table 3: Practical Application & Guidance for the use of Restrictive Interventions

Environmental Restriction	
Use	<p>Entrance doors to buildings are locked for general security reasons.</p> <p>Windows are restricted as a safety measure.</p> <p>Doors to the electrical cupboard, the school kitchen, COSHH stores and prep rooms are locked as a safety measure.</p> <p>General classroom doors are locked to prevent pupils disrupting other classrooms.</p> <p>Mag locks are used to separate and define areas of the building,</p> <p>On occasions staff may prevent a pupil from leaving a room by standing in front of the door if staff feel that there is a significant risk that the pupil is going to cause serious harm to themselves or others should the pupil leave the room. Staff will keep pupils in the room for the minimum time possible and will allow the pupil to leave as soon as they believe the risk has diminished.</p> <p>Here is the Fob Access Protocol</p>
Concerns	<p>There are concerns that preventing a pupil from leaving a room may constitute time out or seclusion and may breach a pupil’s human rights or may be an unreasonable restriction of liberty. As such, this practice should only be used as an emergency response or if the practice has been agreed and is recorded in an individual pupil’s risk assessment and that guidance is issued to ensure that the practice is strictly regulated and reviewed.</p>
Implementation	<p>In order to safeguard the unnecessary and unjustified use of environmental restriction, the following guidelines should be implemented:</p> <ul style="list-style-type: none"> ● Environmental restrictions should only be used as part of a wider behavioural approach. ● Pupils should never be left alone unless it has been agreed as part of the pupil’s risk assessment and is considered the most appropriate approach or where a pupil requests to be left alone and there is no known risk of self-harm. ● The restriction should be fully recorded in line with the school policy & procedures

Social Restriction	
Use	<p>Social restrictions are generally used to segregate or limit pupil access to offsite activities where the pupil's behaviour represents a significant risk to members of the public. The main reason given for social restriction is where the pupil's behaviour is of significant risk in public or social settings and a high level of resources is required to safely manage such risk (e.g., a pupil who becomes anxious and aggressive as a result of noise and crowds, may be prevented from visiting a swimming pool; or a high level of challenging behaviour may prevent staff travelling with a pupil by public transport)</p> <p>Whilst it is the aim of the school to promote independence and to fully integrate pupils in their wider communities, it is acceptable that some aspects of social integration may need to be limited due to the risks presented. The disadvantage of using such an approach is that the individual is prevented from strengthening their choice, independence and inclusion thereby increasing the likelihood of further challenging behaviour. As such, the benefits of social restriction must be demonstrated to outweigh the risks.</p>
Concerns	<p>Social restriction should never be used to account for a lack of appropriate resources to support pupils to access integrated community facilities. However, in situations where staff need specific knowledge and skills to support pupils effectively, it may be acceptable to temporarily implement social restrictions until such time as staff have been equipped with the necessary training, skills, knowledge, experience or equipment.</p>
Implementation	<p>In order to safeguard the unnecessary use of social restriction, the following guidelines should be implemented: -</p> <ul style="list-style-type: none"> ● Social restrictions should only be used as part of a wider behavioural approach. The pupil's risk assessment must clearly outline the risks and the specific social restrictions that are to be used. ● A 'blanket approach' to social restriction should not be agreed unless the level of risk for all activities is significant. Wherever possible, each social event or activity should be specified within the plan
Chemical Restriction	
Use	<p>Chemical restrictions can only be used under the direction and prescription of a General Practitioner or Consultant Psychiatrist. Typically, a range of medication may be prescribed to help stabilise the pupil's mood or to moderate mental ill health and other organic factors which may contribute to the individual's challenging behaviour.</p> <p>Unless closely reviewed, medication can therefore constitute a chemical restriction and go unnoticed and unregulated in the same way as other more visible restrictive interventions.</p>

Concerns	<p>Whilst medication has many benefits, including the potential to help staff avoid more intrusive restrictions, it equally poses many dilemmas due to the side effects that can be experienced by pupils both in the short and long term. In some instances, medication can impair cognitive function and contribute to the cause of the challenging behaviour. Many pupils feel unhappy about taking medication due to the side effects and as well as the day-to-day impact medication often has.</p> <p>Like all restrictive interventions, a balance between the risks and benefits of chemical restriction must be made. Staff have a responsibility to observe and report pupil behaviour as accurately as possible so that a clear picture can be ascertained in order to enable clinicians to make accurate assessments prior to prescribing medication. Once prescribed, staff also have a responsibility to continually observe and assess pupils for side effects and balance the impact of medication and pupil's well-being against the long-term benefits and improvements in quality of life.</p>
Implementation	<p>Whenever medication is administered, staff should ensure that they follow the school's procedure for the administration of medicines which should be compliant with regulatory standards and record each time medication is issued. On every occasion, staff should ensure that: -</p> <ul style="list-style-type: none"> ● Medication should not be concealed in food or drink. ● Physical force should not be used as a method of administering medication (i.e., physically holding a pupil in order that they comply and take medication.)





Physical Interventions	
Use	<p>Table 2 gives a clear distinction between restrictive physical interventions in terms of ‘safe holding’ and ‘disengagement’ and illustrates how staff may use such approaches within the context of education, social or healthcare settings.</p> <p>Physical restrictions are generally used to enable staff to provide safe support, education and care particularly for pupils who have a learning disability or social, emotional, and mental health needs. Often staff have to manage behaviour that poses a significant risk, not necessarily as a result of a clear intention by the pupil to cause harm, but more often as a result of their lack of cognitive and social understanding and the personal and environmental setting conditions which influence their behaviour.</p> <p>Safe holding and disengagement skills are designed to help staff support an individual pupil through their anger in order to regain a state of natural calm and to avoid or minimise adverse consequences of behaviour that represents a risk to self or others.</p> <p>It is important that the pupil as well as relatives/carers/advocates give consent and full cooperation for the intervention. It is good practice to talk through the intervention with the individual for him/her to understand that staff are trying to offer support and guidance. Some relatives/carers/advocates may not be supportive of physical interventions. Some pupils will also not accept that physical interventions are needed, due to the nature of the individual’s behaviour and level of cognitive skills. In these situations, it is important that staff spend time explaining their rationale and justification and that members of the multidisciplinary team are also consulted and agree to the approach.</p> <p>From a legal perspective, it is clear that staff may use reasonable force necessary in the circumstances (e.g., Education and Inspections Act, 2006) to manage aggressive or violent behaviour, regardless of consent issues. In any situation, staff must be able to demonstrate ‘substituted judgement’ whereby the use of any physical intervention is necessary to prevent harm and is in the best interest of the pupil. In many situations the use of physical interventions may represent the ‘least adverse outcome’; in other words, the risks of using physical interventions are less than not using such approaches. The decision to use physical interventions must be fully documented following the completion of all relevant risk assessments.</p> <p>Parents/relatives/carers/advocates and members of the multidisciplinary team should have access to all documents relating to physical interventions and be given copies on request, so that they have the opportunity to raise any questions or concerns.</p>

Concerns	In emergency situations, staff may need to use physical interventions with a pupil who has not previously been assessed. If this happens, the appropriate risk assessments and intervention plans must be completed as soon as is reasonably practicable. In this emergency situation, senior leaders and staff should avoid high risk interventions.
Implementation	<p>Good practice guidelines are as follows: -</p> <ul style="list-style-type: none"> ● Remove any items of jewellery to reduce the risk of injury. Senior leaders are responsible for ensuring staff dress appropriately at all times particularly where there is a clear risk of physical interventions being used. Staff should wear clothing that is 'fit for purpose' and affords good mobility, safety as well as comfort. ● Only trained staff should attempt physical restrictions. Nominate a 'team leader' to coordinate the intervention and speak to the pupil. This avoids unnecessary confusion. ● Do not attempt to completely stop an individual from moving since this will only cause him/her to resist and may increase the risk of soft tissue damage or muscular strains. Managing and limiting movement is far more effective and less distressing for the individual involved. ● Never hold an individual around the head or neck and avoid any pressure to the chest and abdomen since this significantly increases the risk of postural asphyxiation. Never force the pupil into any posture which may affect breathing. Never cover the mouth or screen the individual's vision. ● Avoid making contact with any part of the individual's body that could be viewed as culturally, socially or sexually unacceptable (i.e., face, neck, chest, abdomen, buttocks, groin and inner thighs). ● Always explain actions, regardless of the pupil's ability or willingness to communicate. Treat the individual with dignity and respect. ● Always ensure privacy is maintained by moving on-lookers away or asking the individual to move to a low stimulus area. Seek co-operation from the pupil to return to a calmer state. ● Prolonged physical interventions may cause cramp and restlessness. This should not be misinterpreted by staff as further resistance by the individual. Every attempt should be made to make the pupil as comfortable as possible by changing positions at least every five to ten minutes if it is safe to do so. ● Whenever possible, always attempt to protect the individual's head from harm and take into account the amount of energy a person may use during a disturbed episode. Observe heat exhaustion, fatigue, restricted or impaired breathing, muscle cramp, and the adverse effects of medication. ● The safety of the individual must never be compromised; staff must end the intervention immediately if in any doubt over the individual's welfare. ● If any of the following situations occur staff should use the term

	<p>'medical emergency', end the intervention immediately and call for emergency medical assistance. If necessary, give emergency first aid.</p> <ul style="list-style-type: none"> ➤ Sudden change in breathing pattern. ➤ Has a seizure of epileptic or non-epileptic origin. ➤ Blueness of lips/fingernails/ear lobes (cyanosis). ➤ Tiny pinpoint red dots/bruises (petechia) on the skin particularly on the upper chest, neck, face and around the eyes. ➤ Unresponsive to requests or instruction. ➤ Abruptly/unexpectedly stops struggling or suddenly calms down. <ul style="list-style-type: none"> ● Often a person being held will increase their level of hostility or aggression to get staff to let go. This can be seen as an escalation in violence and as such may increase the level of restriction (pupils will often shout 'let go! let go!' and staff may respond by repeating safety cues such as 'you're safe' or 'we need to ensure you're safe'). In such situations, a graded release of a hold may help the individual to reach a state of calm since it is the prolonged holding that often maintains the behaviour. ● All physical interventions (safe holding and disengagements) should be used within the 'Least restrictive RESPONSE' and 'Least restrictive HOLDING' strategy. ● Generally, the earlier the intervention, the more likely the pupil will cooperate with non-physical strategies, the lower the risks to all involved and the shorter the intervention. ● With regard to increasing the safety of restrictive physical interventions and reducing the risk of positional asphyxia, staff should: <ul style="list-style-type: none"> ➤ Ensure that interventions take place in a standing or seated position. Good practice dictates that the preferred way to safely hold a pupil is in a seated position, within a low stimulus environment away from others. Holding pupils in any position on the floor should not be custom and practice and staff must avoid doing so in all but exceptional circumstances. ● In the most difficult, extreme and exceptional situations, staff may have little or no control over the chosen position in which to hold the pupil since this will be dictated by the individual's behaviour. In such exceptional situations (e.g., where staff and/or the pupil have slipped, tripped or fallen; where the pupil drops or pulls staff to the floor; or where the pupil lifts their feet off the floor leaving staff in a manual lifting position), staff should disengage from the interventions as soon as is reasonably practicable. ● For a significant period of time following the application of restraint, staff must continue to monitor the individual for signs of emotional or physical distress.
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Appendix 1 - What is Team Teach?

	<p>Team Teach is training that all staff have to help them support you when you are dysregulated</p>
	<p>This helps the staff deal with any dysregulated emotions and behaviour in a calm way that keeps everyone safe.</p>
	<p>People communicate through actions as well as words.</p>
	<p>Aggressive or violent behaviour happens when people are overcome with strong emotions. This might be fear, anger or sadness.</p>

	<p>Aggressive or violent behaviour can mean:</p> <ul style="list-style-type: none"> • People harming themselves. • People harming others. • People damaging property.
	<p>Team Teach is a set of skills to help people who are dysregulated to return to feeling calm.</p>
	<p>This can include guiding people to a safe place or holding them to stop harm.</p>
	<p>Team Teach skills have been checked by the Institute of Conflict Management.</p>


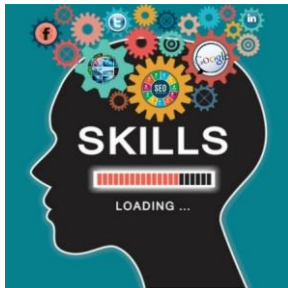


Team Teach is not

	<p>Team Teach is not about using force.</p>
	<p>Team Teach is not about causing pain or injury deliberately.</p>
	<p>Team Teach should never be used as a punishment or to make sure the rules are followed.</p>






When do we use Team Teach

	<p>Every child will have an individual plan. The plan will set out the support you need.</p>
	<p>We work out which are the right skills to use with each person. The plan will help staff use the right Team Teach skills to keep you safe.</p>


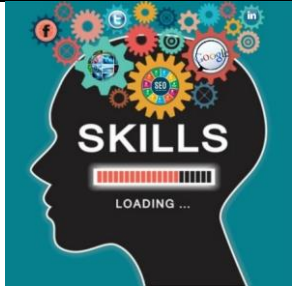



When do we use Team Teach

	<p>The plan should include Team Teach skills right for you and will be agreed by everyone.</p>
	<p>Team Teach can also be used in an emergency when people are being hurt.</p>
	<p>Treating people with respect and dignity is an important part of Team Teach.</p>



What should Team Teach feel like?






	<p>Team Teach skills are designed to make you feel safe.</p>
	<p>People who learn Team Teach are trained to use skills:</p> <ul style="list-style-type: none"> • Which allow you to move safely. • For the shortest possible time • To keep everyone safe.
	<p>We do this because the best way of keeping everyone safe. The law expects us to do this.</p>



What happens afterwards?



More Information

	<p>If Team Teach skills have been used with you, staff will:</p> <ul style="list-style-type: none"> • Talk to you about why there was a need to use Team Teach skills. • Talk about what worked well and helped you. • Talk about what did not work well. • Talk about how to avoid using Team Teach skills in the future. • Tell your parent or carer. 		<p>You can always talk about Team Teach to someone.</p>
	<p>All of this will be written down in your individual plan so everyone will know what has happened, why it has happened and what might work better in the future.</p>		<p>This person can be your carer, or someone in charge of your care. In school, this may be one of the Keeping Safe Team.</p>
			<p>They can all help you to get more information about Team Teach.</p>

Appendix 2 - Understanding the Risks of Physical Interventions

The aim of this document is to outline the mission of SAND Academies Trust to reduce the number of restrictive physical interventions (RPI). Working in a trauma-informed way means that we need to reflect carefully on RPI. Children who experience repeated physical interventions may be re-traumatised which may hinder their progress.

Our aim is to reduce the frequency and duration of these incidents. We will achieve this through a collective approach and commitment to understanding the trauma that physical intervention causes, especially those who have suffered previous trauma or adverse childhood experiences.

The SAND Staff Conduct Policy states:

15.1 There are occasions when it is entirely appropriate and proper for Staff to have physical contact with pupils, but it is crucial that they only do so in ways appropriate to their professional role. Physical contact may be appropriate in the following circumstances:

15.1.1. when a pupil needs to get comfort or reassurance e.g. following an accident or personal crisis;

15.1.2. when a pupil needs encouragement to attempt a new challenge e.g. to climb on to a piece of apparatus; or

15.1.3. when there is a need to take urgent action to avoid an incident or injury.

15.2. Staff should use their professional judgement at all times. Physical contact must be appropriate for the age, understanding and sex of the child and must never threaten or be sexually inappropriate. Staff must also be sensitive to an individual's cultural background and any special educational needs.

15.3. Staff should not have unnecessary physical contact with pupils and should be alert to the fact that minor forms of friendly physical contact can be misconstrued by pupils or onlookers.

The use of RPI remains contentious, particularly due to the specific concerns and risks associated with it. As such this document is intended to support and promote positive practice and to ensure that physical interventions are used as part of your commitment to the care, welfare, safety and security of pupils. The [Guidance](#) (Reducing the Need for Restraint and Restrictive Intervention) states:

Staff should have reasonable grounds for believing that restraint is necessary to justify its use. They should only use restraint where they consider it is necessary to prevent serious harm, including risk of injury to the child or young person or others. Staff should use their professional judgement to decide if restraint is necessary, reasonable and proportionate. To be confident in their judgement, staff should also ensure they know the scope of the legal powers authorising restraint and keep abreast of changes and developments in the understanding of what constitutes good practice in this area. When a decision is being made whether and how to restrain a child, their best interests are a primary consideration. This does not mean that the child's best interests automatically take precedence over other considerations such as other people's rights, but they must be given due weight in the decision.

Restraint may be necessary to safeguard the individual and/or others from serious injury or harm. Sometimes RPI will be the only realistic option, for example to prevent a child from running into a busy road. Further guidance (Reducing the Need for Restraint and Restrictive Intervention) can be found [here](#) (please refer to Section 3.5).

Despite any legal and professional justification, physical interventions are not free from risk. As such, all staff have a duty of care to minimise the psychological and physiological adverse outcomes that are associated with such practice. When using RPI staff face the dilemma that the specific intervention used may compromise the welfare and safety of those involved. As such, it is important that RPI is used within a context of ensuring that the child's best interests are at the centre of any physical intervention in order to minimise harm. It is imperative to consider if the physical intervention is reasonable and proportionate. Staff involved with physical interventions may also suffer from secondary stress when involved in such situations and we offer support for staff through the following mechanisms:

- Choice of debrief in person with SLT after each use of RPI.
- Daily debrief with Class Team.
- Weekly debrief with Senior Leaders.
- Group supervision sessions with Senior Leaders.
- Individual Supervision with external expert.

The [Guidance](#) (Positive Environments Where Children Can Flourish) states:

We start from the premise that staff should work positively and confidently with children and find the least intrusive way possible to support, empower and keep children safe. The foundation of good practice in working with children should be:

- *building relationships of trust and understanding*
- *understanding triggers and finding solutions*
- *if incidents do occur, defusing the situation and/or distracting the child wherever possible*

Restraint is permissible. There will be times when staff feel that they need to intervene physically to keep children safe (or to keep staff safe).

We expect adults to be skilled and confident in finding the best ways to keep children safe; ways that promote their rights, respect their dignity and help equip them for the future. In practice, this means that we can legitimately set out to **question** and **understand** any type of physical intervention.

It is vital that staff also read, understand and apply the Physical Intervention Policy in partnership with the above document.

This policy has been developed with reference to the following research articles and legislation which staff may wish to review for further guidance: -

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